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SPECIALIZING IN PATENTS, TRADEMARKS & COPYRIGHTS

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Pages: 5 (including this page)

To: USPTO

From: Cynthia K. Nicholson

Fax No.: 571-273-8300

Subject: Request for Continued Examination

Comments:

Applicant: Ito	Serial No.: 10/670,502
Filing Date: 9/26/2003	Atty Dkt.: 26A-010

Title: METHOD FOR MANUFACTURING MOLDED PRODUCTS

Attached please find:

- (1) Transmittal form;
- (2) Petition for Extension of Time (1 month);
- (3) Request for Continued Examination (RCE) Transmittal; and
- (4) Fee Transmittal.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the USPTO (Fax No. 571-273-8300) on 20 June 2007.
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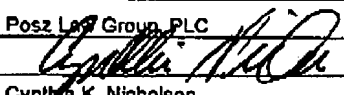
****Notice****

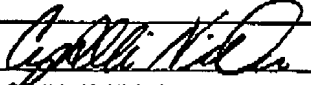
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JUN 20 2007

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/670,502
	Filing Date	9/26/2003
	First Named Inventor	ITO
	Art Unit	1732
	Examiner Name	Monica Anne HUSON
Total Number of Pages in This Submission	Attorney Docket Number	26A-010

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): (1) Request for Continued Examination (RCE) Transmittal
Remarks		

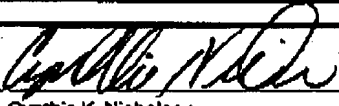
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Posz Law Group, PLC		
Signature			
Printed name	Cynthia K. Nicholson		
Date	20 June 2007	Reg. No.	36,880

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Cynthia K. Nicholson	Date	20 June 2007

FEE TRANSMITTAL		Application Number		10/670,502	
		Filing Date		9/26/2003	
		First Named Inventor		ITO	
		Examiner Name		Monica Anne HUSON	
		Art Unit		1732	
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Attorney Docket No.		26A-010	
TOTAL AMOUNT OF PAYMENT		(\$)		910	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>50-1147</u> Deposit Account Name: <u>Posz Law Group, PLC</u>	
For the above identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	
<input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
FILING FEES							
Application Type	Small Entity		Small Entity		Small Entity		Fees Paid (\$)
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	\$
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	160	80	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							Fee (\$)
							50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							Fee (\$)
							200
Multiple dependent claims							Fee (\$)
							360
Total Claims							Fee (\$)
- 20 or HP =							x
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims							Fee (\$)
- 3 or HP =							x
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ (\$ for small entity)							
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof				Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x					
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other: (1) Request for Continued Examination (\$790); (2) Petition for Extension of Time (1 month) (\$120)							
							910

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	36,880
Name (Print/Type)	Cynthia K. Nicholson	Telephone	(703) 707-9110
		Date	20 June 2007